

Camp Lawroweld  
91 Allen Avenue  
Portland, ME 04103  
207-797-3760 Office / 207 -797-2851 Fax

**This top section to be filled out by a physician. Make sure all information and signatures are provided. Thank you.**

**PHYSICIAN'S STATEMENT**

Camper Name \_\_\_\_\_

Parent/Guardian Name (if minor) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of last Tetanus Booster? \_\_\_\_\_ Immunizations up to date? \_\_\_\_\_

Date of last physical: \_\_\_\_\_ General Appraisal: \_\_\_\_\_

Allergy: (please specify) \_\_\_\_\_

List medications, dose and administration schedule: \_\_\_\_\_

Special Considerations/Medical Notes: (allergies, medications, restrictions, problems, recent injuries, etc.)

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to participate in camp activities except as noted above.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**CAMPER/GUARDIAN'S STATEMENT**

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

**EMERGENCY AND LIABILITY RELEASE**

Please read carefully and sign below. It is VERY IMPORTANT that this be signed. Your application will be returned if it is NOT signed.

I release the camp, its management, and Northern New England Conference from liability in case of accident or illness and do further indemnify and hold harmless such entities and persons from such claim. In case of a medical emergency, I hereby give permission to the physician selected by the camp director or healthcare personnel to secure proper treatment and/or to hospitalize as deemed necessary. I understand that campers and staff may be photographed, video graphed, and/or interviewed for use in news media, publications, or promotionals. I consent for Camp Lawroweld to use all photographs, quotes, and recordings.

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Needed if camper is a minor)